

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

VGT-200 PA

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	21		
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	21 minus 20=	1	
INDEPENDENT CLAIMS	3 minus 3 =	0	
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OR  
OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	18
X80=	
+270=	
TOTAL	728

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDITIONAL FEE
Total	+ 21	Minus	** 21	- <input type="checkbox"/>	X\$ 9=	
Independent	+ 3	Minus	*** 3	= <input type="checkbox"/>	X40=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>					

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	ADDITIONAL FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDITIONAL FEE
Total	+ <input type="checkbox"/>	Minus	** <input type="checkbox"/>	= <input type="checkbox"/>	X\$ 9=	
Independent	+ <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>	X40=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>					

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	ADDITIONAL FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDITIONAL FEE
Total	+ <input type="checkbox"/>	Minus	** <input type="checkbox"/>	= <input type="checkbox"/>	X\$ 9=	
Independent	+ <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>	X40=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>					

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	ADDITIONAL FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.